

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:July01,2003

FranklinHousingAuthority

Franklin,TX

**NOTE:THISPHAPLANSTEMPLATE(HUD5 0075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: FranklinHousingAuthority

PHANumber: TX340

PHAFiscalYearBeginning:(07/01/2003)

PHA Plan Contact Information:

Name: Shaaron M. Towns

Phone: 979 -828-5246

TDD:

Email(if available): frpha@txcyber.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan FiscalYear2003

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

| Contents | <u>Page#</u> |
|--|--------------|
| Annual Plan | |
| i. Executive Summary (optional) | 2 |
| ii. Annual Plan Information | |
| iii. Table of Contents | 1 |
| 1. Description of Policy and Program Changes for the Upcoming Fiscal Year | 2 |
| 2. Capital Improvement Needs | 2 |
| 3. Demolition and Disposition | |
| 4. Homeownership: Voucher Homeownership Program | |
| 5. Crime and Safety: PHDEP Plan | |
| 6. Other Information: | |
| A. Resident Advisory Board Consultation Process | 4 |
| B. Statement of Consistency with Consolidated Plan | 5 |
| C. Criteria for Substantial Deviations and Significant Amendments | 5 |
| Attachments | |
| <input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review | |
| <input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement | |
| <input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan | |
| <input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement | |
| <input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan | |
| <input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body | |
| <input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards | |
| <input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| <input checked="" type="checkbox"/> Other (List below, providing each attachment name) | |
| Attachment F: Deconcentration and income mixing | |
| Attachment G: Voluntary Conversion Initial Assessment | |
| Attachment__: Progress Report Update for the PHA's Resident Survey | |

ii.ExecutiveSummary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1.Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Amended the Capitalization Policy updated amount of equipment purchase to \$1,000.00

Amended the Procurement Policy to change the small purchase to not exceed \$15,000.00

Comments from REAC. There isn't any common areas that could provide for playground equipment.

2.Capital Improvement Needs

[24CFRPart903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 65,747.00

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1)Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment B

(2)Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3.D emolition and D isposition

[24CFRPart903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) | |
|---|--|
| 1a. Development name: | |
| 1b. Development (project) number: | |
| 2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/> | |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> | |
| 4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> | |
| 5. Number of units affected: | |
| 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development | |
| 7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below) | |
| 8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity: | |

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$_____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☒ Other: Approved the plan as is.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial Deviation from the 5-Year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective

A. Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program Annual Statement.

Any change in a policy or procedure that requires a regulatory 30-day posting.

Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing an "X" in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certification of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| | | |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| N/A | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| N/A | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| N/A | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| N/A | Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Grievance Procedures |
| N/A | Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| N/A | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| N/A | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA). | Annual Plan: Capital Needs |
| N/A | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| N/A | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| N/A | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| N/A | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| N/A | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| N/A | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| X | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| N/A | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|---|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy | Pet Policy |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

ATTACHMENTB**AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

| PHAName:FranklinHousingAuthority | | GrantTypeandNumberTX21P34050103 CapitalFundProgram: CFP CapitalFundPro gram ReplacementHousingFactorGrantNo: | | FederalFYofGrant: 2003 | |
|---|---|---|---------|---|----------|
| <input checked="" type="checkbox"/> OriginalAnnualStatement | | <input type="checkbox"/> ReserveforDisasters/Emergencies | | <input type="checkbox"/> RevisedAnnualStatement(revisionno:) | |
| <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: | | <input type="checkbox"/> FinalPerformanceandEvaluationReport | | | |
| Line No. | SummarybyDev elopmentAccount | TotalEstimatedCost | | TotalActualCost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Totalnon -CFPFunds | | | | |
| 2 | 1406Operations | | | | |
| 3 | 1408ManagementImprovements | | | | |
| 4 | 1410Administration | 4,359.00 | | | |
| 5 | 1411Audit | | | | |
| 6 | 1415liquidatedDamages | | | | |
| 7 | 1430FeesandCosts | 9,638.00 | | | |
| 8 | 1440SiteAcquisition | | | | |
| 9 | 1450SiteImprovement | | | | |
| 10 | 1460DwellingStructures | 51,750.00 | | | |
| 11 | 1465.1DwellingEquipment —Nonexpendable | | | | |
| 12 | 1470NondwellingStructures | | | | |
| 13 | 1475NondwellingEqu ipment | | | | |
| 14 | 1485Demolition | | | | |
| 15 | 1490ReplacementReserve | | | | |
| 16 | 1492MovingtoWorkDemonstration | | | | |
| 17 | 1495.1RelocationCosts | | | | |
| 18 | 1498ModUsedforDevelopment | | | | |
| 19 | 1502Contingency | | | | |
| 20 | AmountofAnnualGrant:(sumoflines2 -19) | 65,747.00 | | | |
| 21 | Amountoffline20RelatedtoLBPActivities | | | | |
| 22 | Amountoffline20RelatedtoSection504Compliance | | | | |
| 23 | Amountoffline20RelatedtoSecurity | | | | |
| 24 | Amountoffline20RelatedtoEnergyConservation Measures | | | | |

Annual Statement/Performance and Evaluation Report

PartII:SupportingPages

| | | | | | | | | |
|---|--|---|----------|--------------------|---------|-------------------------------|----------------|------------------------|
| PHAName: FranklinHousingAuthority | | GrantTypeandNumber CapitalFundProgram#: TX21P34050103 CapitalFundProgram ReplacementHousingFactor#: | | | | FederalFYofGrant: 2003 | | |
| Development Number Name/HA-Wide Activities | GeneralDescriptionofMajorWork Categories | Dev.AcctNo. | Quantity | TotalEstimatedCost | | TotalActualCost | | Statusof Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| TX340-001 | | | | | | | | |
| 340-001-1 | Replacefrontandrearentrydoorsinall 36units | 1460 | | 18000.00 | | | | |
| | | | | | | | | |
| 340-001-02 | PreparecentralA/Cventsinall36units | 1460 | | 7200.00 | | | | |
| | | | | | | | | |
| 340-001-03 | Asbestosabatementforallapartments concerningdoorreplacementandvent work. | 1460 | | 26550.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | 51,750.00 | | | | |

PartII:SupportingPages

| PHAName: FranklinHousingAuthority | | GrantTypeandNumber CapitalFundProgram#: TX21P34050103 CapitalFundProgram ReplacementHousingFactor#: | | | | FederalFYofGrant: 2003 | | |
|---|---|--|----------|---------------------|---------|------------------------|-------------------|------------------------------|
| Development Number Name/HA-Wide Activities | GeneralDescriptionofMajorWork Categories | Dev.AcctNo. | Quantity | TotalEstimat edCost | | TotalActualCost | | Statusof Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| TX340-HA | | | | | | | | |
| 340-HA-1 | Administrativetaskstobeperformedby E.D. | 1410 | | 4,050.00 | | | | |
| 340-HA-2 | EmployeeBenefitContributions | 1410 | | 309.00 | | | | |
| 340-HA-3 | HireservicesofArchitecttoprovide technicalhelpwithindividualcontracts andinspectingworkinprogress | 1430 | | 5,000.00 | | | | |
| 340-HA-4 | Hireon -siteinspectorforasbestos abatement | 1430 | | 2,356.00 | | | | |
| 340-HA-5 | Hireconsu ltantfordevelopmentand submissionofplans. | 1430 | | 895.00 | | | | |
| 340-HA-6 | Providefundsforcopying,advertising, postage,phone,misc.sundry | 1430 | | 1,387.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | 13,997.00 | | | | |

PartII:SupportingPages

| | | | | | | | | |
|---|---|--|----------|---------------------|---------|------------------------|-------------------|------------------------------|
| PHAName: FranklinHousingAuthority | | GrantTypeandNumber CapitalFundProgram#: TX21P34050103 CapitalFundProgram ReplacementHousingFactor#: | | | | FederalFYofGrant: 2003 | | |
| Development Number Name/HA-Wide Activities | GeneralDescriptionofMajorWork Categories | Dev.AcctNo. | Quantity | TotalEstimat edCost | | TotalActualCost | | Statusof Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |

ATTACHMENTB
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

ATTACHMENTB
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

ATTACHMENTB
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

ATTACHMENTB
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

ATTACHMENTB
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

ATTACHMENTC
CapitalFundProgram5 -YearActionPlan
PartI:Summary

| | | | | | |
|-------------------------------------|---------------------|--|--|--|--|
| PHA FranklinHousing Authority | | | | | |
| DevelopmentNumber/ Name/HA-Wide | Year1 | WorkStatementforYear2 FFYGrant:2004 PHAFY:2004 | WorkStatementforYear3 FFYGrant:2005 PHAFY:2005 | WorkStatementforYear4 FFYGrant:2006 PHAFY:2006 | WorkStatementforYear5 FFYGrant:2007 PHAFY:2007 |
| | Annual Statement | | | | |
| TX340-001 | | 52,337.00 | 52,337.00 | 52,337.00 | 52,337.00 |
| | | | | | |
| TX340-HA | | 13,410.00 | 13,410.00 | 13,410.00 | 13,410.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | 65,747.00 | 65,747.00 | 65,747.00 | 65,747.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ATTACHMENTC**CapitalFundProgramFive -YearActionPlan**

PartII:SupportingPages –W orkActivities

| Activitiesfor Year1 | ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004 | | | ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005 | | |
|------------------------|--|-----------------------|-------------------|--|------------------------|-------------------|
| | Development Name/Number | MajorWorkCategories | Estimated Cost | Development Name/Number | MajorWorkCategories | Estimated Cost |
| | TX340 -001 | Upgradeelectrical | 33,458.00 | TX351 -001 | InstallcentralA/Cunits | 52,337.00 |
| See | | Addinsulation | 18,879.00 | | | |
| Annual | | | | | | |
| Statement | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | TotalCFPEstimatedCost | 52,337.00 | | | 52,337.00 |

ATTACHMENTC**CapitalFundProgramFive -YearActionPlan**

PartII:SupportingPages –WorkActivities

| Activitiesfor Year1 | ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006 | | | ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007 | | |
|------------------------|--|------------------------|-------------------|--|-------------------------|-------------------|
| | Development Name/Number | MajorWorkCategories | Estimated Cost | Development Name/Number | MajorWorkCategories | Estimated Cost |
| | | | | | | |
| See | TX340 -001 | InstallcentralA/Cunits | 52,337.00 | TX340 -001 | Installcentral A/Cunits | 52,337.00 |
| Annual | | | | | | |
| Statement | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | TotalCFPEstimatedCost | 52,337.00 | | | 52,337.00 |

ATTACHMENTC

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages –WorkActivities

| Activitiesfor Year1 | ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004 | | | ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005 | | |
|------------------------|--|--|-------------------|--|--|-------------------|
| | Development Name/Number | MajorWorkCategories | Estimated Cost | Development Name/Number | MajorWorkCategories | Estimated Cost |
| See | TX340 -HA | Hireparttimehelp | 4,050.00 | TX340 -HA | Hireparttimehelp | 4,050.00 |
| Annual | | Employeebenefitcontributions | 309.00 | | Employeebenefit contributions | 309.00 |
| Statement | | Hireanarchitecttodevelop plansandspecifications | 5,000.00 | | Hireanarchitecttodevelop plansandspecifications | 5,000.00 |
| | | Hireanonsiteinspector. | 2,356.00 | | Hireanonsiteinspector. | 2,356.00 |
| | | Hireaconsultanttodevelop andsubmitplans | 895.00 | | Hireaconsultanttodevelop andsubmitplans | 895.00 |
| | | Providefundsforundryitems | 800.00 | | Providefundsforundryitems | 800.00 |
| | | | | | | |
| | | | | | | |
| | | TOTAL | 13,410.00 | | TOTAL | 13,410.00 |

ATTACHMENTC

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages –WorkActivities

| Activitiesfor Year1 | ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006 | | | ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007 | | |
|------------------------|--|--|-------------------|--|--|-------------------|
| | Development Name/Number | Major WorkCategories | Estimated Cost | Development Name/Number | MajorWorkCategories | Estimated Cost |
| | | | | | | |
| See | TX340 -HA | Hireparttimehelp | 4,050.00 | TX340 -HA | Hireparttimehelp | 4,050.00 |
| Annual | | Employeebenefitcontributions | 309.00 | | Employeebenefit contributions | 309.00 |
| Statement | | Hireanarchitecttodevelop plansandspecifications | 5,000.00 | | Hireanarchitecttodevelop plansandspecifications | 5,000.00 |
| | | Hireanonsiteinspector. | 2,356.00 | | Hireanonsiteinspector. | 2,356.00 |
| | | Hireaconsultanttodevelop andsubmitplans | 895.00 | | Hireaconsultanttodevelop andsubmitplans | 895.00 |
| | | Providefundsforundryitems | 800.00 | | Providefundsforundryitems | 800.00 |
| | | | | | | |
| | | | | | | |
| | | TOTAL | 13,410.00 | | TOTAL | 13,410.00 |

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPTarget Area (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

| PHDEPTarget Areas (Name of development(s) or site) | Total # of Units within the PHDEPTarget Area(s) | Total Population to be Served within the PHDEPTarget Area(s) |
|---|--|---|
| | | |
| | | |
| | | |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant# | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Grant Start Date | Grant Term End Date |
|------------------------|------------------------|--------|--|-----------------------------|------------------|---------------------|
| FY1995 | | | | | | |
| FY1996 | | | | | | |
| FY1997 | | | | | | |
| FY1998 | | | | | | |
| FY1999 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FFY ____ PHDEP Budget Summary | |
|--|---------------|
| Original statement | |
| Revised statement dated: | |
| Budget Line Item | Total Funding |
| 9110 –Reimbursement of Law Enforcement | |
| 9115 -Special Initiative | |
| 9116 -Gun Buyback/TAMatch | |
| 9120 -Security Personnel | |
| 9130 -Employment of Investigators | |
| 9140 -Voluntary Tenant Patrol | |
| 9150 -Physical Improvements | |
| 9160 -Drug Prevention | |
| 9170 -Drug Intervention | |
| 9180 -Drug Treatment | |
| 9190 -Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise —not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 –ReimbursementofLawEnforcement | | | | | TotalPHDEPFunding:\$ | | |
|-------------------------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|-------------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHDE P Funding | OtherFunding (Amount/ Source) | PerformanceIndicators |
| 1. | | | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9115 -SpecialInitiative | | | | | TotalPHDEPFunding:\$ | | |
|-------------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|-------------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivi ties | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/ Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9116 -GunBuybackTAMatch | | | | | TotalPHDEPFunding:\$ | | |
|-------------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|--------------------------------|--------------------------|----------------------|---------------|------------------------------|-----------------------------|---------------------------------|-----------------------|
| 9120 -SecurityPersonnel | | | | | TotalPHDEPFunding:\$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|--|--------------------------|----------------------|---------------|------------------------------|-----------------------------|---------------------------------|-----------------------|
| 9130 –EmploymentofInvestigators | | | | | TotalPHDEPFunding:\$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|-------------------------------------|--------------------------|----------------------|---------------|------------------------------|-----------------------------|---------------------------------|-----------------------|
| 9140 – VoluntaryTenantPatrol | | | | | TotalPHDEPFunding:\$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - PhysicalImprovements | | | | | TotalPHDEPFunding:\$ | | |
|-----------------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 -DrugPrevention | | | | | TotalPHDEPFunding:\$ | | |
|----------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9170 -DrugIntervention | | | | | TotalPHDEPFunding:\$ | | |
|------------------------|--------------------------|----------------------|---------------|------------------------------|----------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 -DrugTreatment | | | | | TotalPHDEPFunding:\$ | | |
|---------------------|---------------------------|----------------------|---------------|------------------------------|----------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 -OtherProgramCosts | | | | | TotalPHDEPFunds:\$ | | |
|-------------------------|------------------------------|----------------------|---------------|------------------------------|--------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment D : Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Sent out questionnaire to all residents for their comments.

.

ATTACHMENT F: Deconcentration and Income Mixing

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

ATTACHMENTG:
VOLUNTARYCONVERSIONINITIALASSESSMENTS

- A. How many of the PHA's developments are subject to the Required Initial Assessments?
- 36 units
- B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
- 36 units are elderly/disabled
- C. How many assessments were conducted for the PHA's covered developments?
- One
- D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
- None
- E. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

Conversion to vouchers at this time would have adverse effects on the availability of affordable housing in our community at this time.